

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001486 (8)

1. Corporation Name

ATLANTIC NON-PROFIT HOUSING CORPORATION



Principal Place of Business

1850 LEE ROAD STE. 115
WINTER PARK FL 32789

Mailing Address

1850 LEE ROAD STE. 115
WINTER PARK FL 32789

3. Date Incorporated or Qualified

03/27/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

1800 Century Park East

1050

Los Angeles, CA

90067

Los Angeles

4. FEI Number

59-3310278

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

RAJTA, STEVEN A
1850 LEE ROAD STE. 115
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	BURTON, DELORES	3952 ATLANTIC BLVD. STE. J-9	JACKSONVILLE FL 32207	<input checked="" type="checkbox"/>
D	GRAHAM, LINDA G	3951 ATLANTIC BLVD. STE. C-15	JACKSONVILLE FL 32207	<input type="checkbox"/>
D	JOHNSON, FAYE	3952 ATLANTIC BLVD. STE. D-21	JACKSONVILLE FL 32207	<input checked="" type="checkbox"/>
D	LOMAX, BRUCE	3952 ATLANTIC BLVD. STE. E-14	JACKSONVILLE FL 32207	<input checked="" type="checkbox"/>
D	NEAL, SHERYL	3952 ATLANTIC BLVD. STE. E-9	JACKSONVILLE FL 32207	<input type="checkbox"/>
D	OWENS, TERESA M	3952 ATLANTIC BLVD. F-14	JACKSONVILLE FL 32207	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
President/Director	Sheryl Small	3952 Atlantic Blvd. # E-9	Jacksonville, FL 32207	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice President/Director	Marli Albright	3952 Atlantic Blvd. # M-7	Jacksonville, FL 32207	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary/Director	Josephine Williams	3952 Atlantic Blvd. # M-4	Jacksonville, FL 32207	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer/Director	Sarah Wise	3952 Atlantic Blvd. # M-8	Jacksonville, FL 32207	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott J. Rein, Esquire - of - Dressler, Rein & Associates, P.A.
Date: 8/4/96
Daytime Phone: 551-200-1000

CR2E037 (3/96)